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transmitted to the USPTO, on the date indicated below. PATENT AND TRADEMARK CAUSES SUITE 300 OCT 2 3 2003 624 NINTH STREET, N.W. **WASHINGTON, DC 20001-5303** (Depositor's name) TRADEMARY (Date CONFIRMATION NO. ATTORNEY DOCKET NO. APPLICATION NO. FILING DATE FIRST NAMED INVENTOR CAMPBELL=2C 01/09/2001 Robert K. Campbell 09/756,186 TITLE OF INVENTION: HYBRID HETERODIMERIC PROTEIN COMPRISING A TNF BINDING PROTEIN AND A GLYCOPROTEIN HORMONE SUBUNIT, AND METHOD OF USING SAME DATE DUE **PUBLICATION FEE** TOTAL FEE(S) DUE SMALL ENTITY ISSUE FEE APPLN, TYPE 10/23/2003 \$1690 (630 NO S12001330 **5300** nonprovisional ART UNIT CLASS-SUBCLASS FYAMINER 424-192100 SPECTOR LORRAINE 1647 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys BROWDY AND NEIMARK, PLLC or agents OR, alternatively, (2) the name of a ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. single firm (having as a member a registered attorney or agent) and the names of up to 2 O "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent, Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Applied Research Systems ARS Curacao, Netherland Antilles Holding N.V. individual acorporation or other private group entity government Please check the appropriate assignce category or categories (will not be printed on the patent) 4a. The following fec(s) are enclosed: 4b. Payment of Fec(s): A check in the amount of the fee(s) is enclosed. Sissue Fee A Payment by credit card. Form PTO-2038 is attached. Publication Fee The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-4638 (enclose an extra copy of this form).

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